



NICO LIFE INSURANCE COMPANY LIMITED

ACKNOWLEDGEMENT FOR LIFE COVER POLICY-LIEN ENDOWMENT ASSURANCE WITH PROFITS NUMBER 2

(To be completed in proposer's own handwriting)

I do hereby acknowledge that I have been informed that the Lien Endowment Assurance Policy that I have proposed for in terms of my proposal datedis a life cover policy.

I have been made aware that at maturity (expiry of the policy term) the benefit payable will be the Basic Sum Assured (100%) plus bonuses.

I have also been informed that in the event of my earlier death, the benefits payable will be a **% of the Sum Assured plus bonuses accrued depending on the duration of the policy at the date of death. (10% to 100% over a ten year period)**

I have further been informed that there is **a waiting period of 6 months** and if death occurs within these months, premiums will be refunded with 4% interest except for accidental death where all benefits shall be payable.

I agree that this acknowledgement should be an integral part of the policy in the event of my proposal for the policy being accepted by the company.

Signature of a Life Insured



NICO LIFE INSURANCE COMPANY LIMITED
P O BOX 3044, BLANTYRE

CHIDZIWITSO CHOFUNIKA KWAMBIRI
VERY IMPORTANT NOTICE

Fomu iyi ndi yoyenera kuwerengedwa ndi kusayinidwa ndi munthu aliyense amene ali ndi chidwi chotenga inshulansi. Ndipo onetsetsani kuti mwawerenganso m'munsimu pa (c) ndi (d).

Chonde werengani ndi kumvetsa bwino lomwe musanasaine chirichonse ngakhale kulemba pa mapepala a inshulansiwa.

- (a) Chonde onetsetsani kuti ndalama zimene muzipereka ndi zimene mungathe kupereka mwezi ndi mwezi popanda chobvuta.
- (b) Malipiro anga apa mwezi ndi K.....t ndipo ndingathe kulipira kuchokera pa malipiro anga.
- (c) Kutenga inshulansi sikulingana ndi kusunga ndalama kubank kapena ku Positi Ofesi kumene mungatenge makobidi anu onse potseka buku lanu. Pamene inshulansi ingakubwezereni gawo la ndalama zimene mwapereka mu zaka ziwiri mosalumphitsa ngati mutafuna kusiya kulipira ndalama za inshulansi yanu pa zifukwa zina nthawi isanakwane.
- (d) Ngati mwasiya inshulansi yanu pasanathe zaka ziwiri simudzabwezeledwa gawo lililonse la ndalama zimene munapereka.
- (e) Ndasayina nditatha kuwerenga zonse bwino lomwe.

Sayini _____
 Keyala yanu _____

 Tsiku: _____

This form must be read and signed by the proposer and particular reference made to (c) and (d).

Please read this carefully before you sign the proposal and Stop Order.

- (a) Please make sure that the periodical premium is within your paying capacity.
- (b) My monthly salary is K..... and I am in a position to pay the premium from my salary after meeting my commitments.
- (c) Paying a life assurance is not like depositing money into a bank account. You can get back all the money deposited on closing a bank account whereas you cannot get back all the money paid as premium on cancellation of policy, what you will get back is the surrender value of the policy if you have paid at least 2 full years premiums. It will only be a small percentage of the premiums paid by you.
- (d) If you have not paid at least two full years premiums under the policy on cancellation, all premiums paid prior to the date will be forfeited.
- (e) I have signed the proposal after reading this notice.

Signature _____
 Address _____

 Date _____



NICO LIFE INSURANCE COMPANY LIMITED
P O BOX 3044, BLANTYRE

EXTRACT OF SERVICE RECORD SHOWING DATE OF BIRTH

Full Name of Employee _____

Designation _____

Official Number (if any) _____

Date of Birth - as recorded in the Service record:

In figures _____

In words _____

Certified that the above information was extracted from the Service records kept in this office.

Signature: _____

Place: _____

Name of Official: _____

Date: _____

Designation: _____

NICO LIFE INSURANCE COMPANY LTD. - CREATING WEALTH FOR ALL



NICO LIFE INSURANCE COMPANY LIMITED
P O BOX 3044, BLANTYRE

STANDING ORDER

1. Policy No:.....
2. Surname:.....Maiden Name:.....
3. First Names:.....
4. Employee/Force No:.....
5. Section Code:.....
6. Department Code:.....
7. Station:.....
8. Employer:.....
9. Amount: K.....
10. Type of Deduction: Insurance Premium
11. To Whom Payable: Nico Life Insurance Company Limited
12. Commencement Date:.....
13. New deduction/replacement of existing deduction (delete where inapplicable).
14. This instruction is given on the strict understanding that neither I nor my heirs nor assigns shall have any claim against my employers for damages in the event of the payments herein stipulated not being made by the due date for the reason whatsoever, including negligence. It being further understood that the employer undertakes this service solely on a non-committal and non-liability basis.

Dated:.....

Signed:.....

To:

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NOTE:

The proposal form for this product is currently not available; please download and fill the above forms then [click here to send an enquiry](#) and ask on how you can obtain the proposal form.